



State and Consumer Services Agency – Governor Edmund G. Brown Jr.

BOARD OF BARBERING AND COSMETOLOGY

P.O. Box 944226, Sacramento, CA 94244-2260

P (916) 575-7168 F (916) 575-7281 www.barbercosmo.ca.gov



APPLICATION TO ADD COURSE TO APPROVED SCHOOL OF BARBERING, COSMETOLOGY, OR ELECTROLOGY

SECTION A: COURSE(S) TO BE ADDED

<input type="checkbox"/> Barbering	<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Electrology	<input type="checkbox"/> Skin Care	<input type="checkbox"/> Nail Care	<input type="checkbox"/> Cosmetology Crossover (for barbers)	<input type="checkbox"/> Barber Crossover (for cosmetologists)
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SECTION B: SCHOOL INFORMATION

School Name		School Code	
School Address (include suite number if applicable)	City	CA	Zip Code
Mailing Address (if different from school address)	City	CA	Zip Code
Contact Name and Email Address	Telephone Number ()	Fax Number ()	

SECTION C: REQUIREMENTS (Please initial each requirement, and include all documents requested with this application, or it will be considered deficient.)

- (1) ☐ Provide curriculum for each course to be added pursuant to CCR section 950.1 through section 950.9 which includes a course of practical training and technical instruction.

SECTION D: CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the information provided on this application is true and correct to the best of my knowledge and that the school has met all the requirements set forth in the Barbering and Cosmetology Act & California Code of Regulations.

WHO MUST SIGN THIS FORM:

IF INDIVIDUAL OWNER: **THE OWNER**
IF A SOLE PROPRIETORSHIP: **HUSBAND AND WIFE**
IF A PARTNERSHIP: **ALL AUTHORIZED PARTNERS**
IF A CORPORATION: **THE PRESIDENT OR THE TREASURER**

X _____ Signature	_____ Date	X _____ Signature	_____ Date
_____ Printed Name		_____ Printed Name	